

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/277132204>

Recanalization of a complete postradiation esophageal obstruction with endoscopic submucosal dissection techniques

Article in *Gastrointestinal Endoscopy* · June 2015

DOI: 10.1016/j.gie.2015.01.008

CITATIONS

10

READS

34

6 authors, including:



Georgios Mavrogenis
Mediterraneo Hospital

123 PUBLICATIONS 530 CITATIONS

[SEE PROFILE](#)



Tom G Moreels
Cliniques Universitaires Saint-Luc

253 PUBLICATIONS 5,725 CITATIONS

[SEE PROFILE](#)



Maximilien Thoma
Catholic University of Louvain

23 PUBLICATIONS 622 CITATIONS

[SEE PROFILE](#)



Pierre H Deprez
Cliniques Universitaires Saint-Luc

389 PUBLICATIONS 9,744 CITATIONS

[SEE PROFILE](#)

Recanalization of a complete postradiation esophageal obstruction with endoscopic submucosal dissection techniques

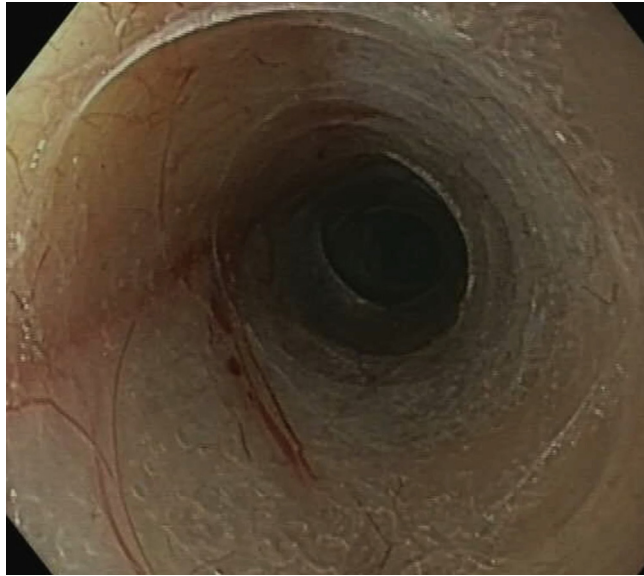


Figure 1. Tunneling of the esophagus.

A 63-year-old patient with a squamous cell carcinoma of the upper esophagus treated with chemoradiotherapy came to our department for management of a total esophageal obliteration. The preexisting gastrostomy track was dilated to allow access to a standard endoscope (Video 1, available online at www.giejournal.org). The submucosal space separating the muscular layers of the esophagus was enlarged by the injection of a mixture of a gelatin plasma substitute methylene blue and epinephrine. Recanalization was obtained with an endoscopic submucosal dissection (ESD) knife by the use of spray coagulation (Fig. 1). Recanalization of the hypopharynx was performed under simultaneous antegrade endoscopic and fluoroscopic guidance. Finally, the rendezvous was achieved, and the guidewire was passed to allow for subsequent balloon dilation of the hypopharynx and deployment of a nasogastric tube. No adverse event was encountered, with the exception of slight subcutaneous emphysema. During the 5 months of follow-up, serial endos-

copies demonstrated a progressive re-epithelialization of the middle and lower esophagus with persistence of a 6-cm stricture of the upper esophagus and hypopharynx that has been progressively dilated up to 13.5 mm every 2 weeks. In conclusion, long esophageal strictures secondary to radiation therapy can be treated by ESD techniques. Although complex, this approach has the advantage of direct visual control during the whole procedure.

DISCLOSURE

All authors disclosed no financial relationships relevant to this publication.

Georgios Mavrogenis, MD, Tom G. Moreels, PhD, MD, Jean-Baptiste Chevaux, MD, Department of Hepatogastroenterology, **Maximilien Thoma, MD,** Department of Digestive Surgery, **Pierre Deprez, PhD, MD, Hubert Piessevaux, PhD, MD,** Department of Hepatogastroenterology, Cliniques Universitaires Saint-Luc, Université Catholique de Louvain, Brussels, Belgium



This video can be viewed directly from the GIE website or by using the QR code and your mobile device. Download a free QR code scanner by searching “QR Scanner” in your mobile device’s app store.

<http://dx.doi.org/10.1016/j.gie.2015.01.008>